

400 Garden City Plaza, Suite 300  
 Garden City, New York 11530  
 (516) 742-4343 - Telephone  
 (516) 742-4366 - Facsimile  
 E-mail: [introp@ssmp.com](mailto:introp@ssmp.com)

**SCULLY, SCOTT, MURPHY  
 & PRESSER, P.C.**

RECEIVED  
 CENTRAL FAX CENTER  
 JUN 30 2006

# Fax

To:	Examiner John P. Leubecker Art Unit: 3739	From:	Thomas Spinelli, Esq. Registration No.: 39,533
Fax:	571-273-8300	Pages:	15
Phone:	571-272-4769	Date:	June 30, 2006
Re:	USSN: 10/657,670 Our Docket: 15228A	CC:	

## RCE AND AMENDMENT UNDER 37 C.F.R § 1.114

---

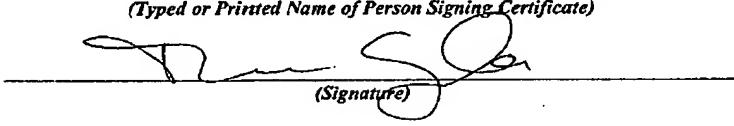
The following is being filed with the U.S. Patent and Trademark Office via facsimile on June 29, 2006:

1. Amendment Under 37 C.F.R. § 1.114 W/Transmittal in Duplicate
2. Request for Continued Examination (RCE) Transmittal in Dupl.
3. Authorization to Charge Deposit Account 19-1013 for \$790.00 (Filing Fee)
4. Certificate of Facsimile Transmission

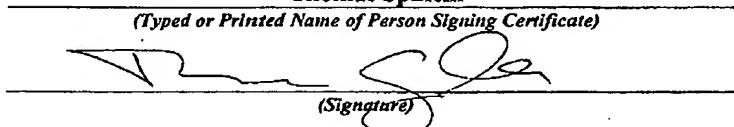
Applicants: Yoshio Onuki, et al.  
 Serial No.: 10/657,670  
 For: MEDICAL GUIDE WIRE  
 Filed: September 8, 2003  
 Docket: 15228A  
 Dated: June 29, 2006  
 TS:cm

**CONFIDENTIALITY:** The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Christine Mogenis.

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>				Docket No. <b>15228A</b>
Applicant(s): <b>Yoshio Onuki, et al.</b>				
Application No. <b>10/657,670</b>	Filing Date <b>September 8, 2003</b>	Examiner <b>John P. Leubecker</b>	Group Art Unit <b>3739</b>	
Invention: <b>MEDICAL GUIDE WIRE</b>				
Confirmation No.: <b>2150</b>				<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>
<b>JUN 30 2006</b>				
<p>I hereby certify that this <u><b>AMENDMENT UNDER 37 C.F.R. 1.114</b></u> <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u><b>571-273-8300</b></u>) on <u><b>June 30, 2006</b></u> <i>(Date)</i></p>				
<p><b>Thomas Spinelli</b> <i>(Typed or Printed Name of Person Signing Certificate)</i></p>  <p><i>(Signature)</i></p>				
<p>Note: Each paper must have its own certificate of mailing.</p>				

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Yoshio Onuki, et al.					Docket No. <b>15228A</b>	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/657,670	September 8, 2003	John P. Leubecker	23389	3739	2150	
Invention: <b>MEDICAL GUIDE WIRE</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 <i>Signature</i>						
Dated: June 30, 2006						
Thomas Spinelli Registration No.: 39,533						
<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____    <i>(Date)</i> </div>						
<div style="border: 1px solid black; padding: 5px;"> <i>Signature of Person Mailing Correspondence</i> </div>						
<div style="border: 1px solid black; padding: 5px;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>						
CC:						

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Yoshio Onuki, et al.			Docket No. <b>15228A</b>
Application No. <b>10/657,670</b>	Filing Date <b>September 8, 2003</b>	Examiner <b>John P. Leubecker</b>	Group Art Unit <b>3739</b>
Invention: <b>MEDICAL GUIDE WIRE</b>			
Confirmation No.: <b>2150</b>			
<p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. 1.114</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 30, 2006</u> <i>(Date)</i></p>			
<p style="text-align: center;"><u>Thomas Spinelli</u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p style="text-align: center;"> <i>(Signature)</i></p>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>15228A</b>	
Applicant(s): <b>Yoshio Onuki, et al.</b>						
Application No. <b>10/657,670</b>	Filing Date <b>September 8, 2003</b>	Examiner <b>John P. Leubecker</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>2150</b>	
Invention: <b>MEDICAL GUIDE WIRE</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	<b>16</b>	20 =	0	x \$50.00	<b>\$0.00</b>	
INDEP. CLAIMS	<b>3</b>	3 =	0	x \$200.00	<b>\$0.00</b>	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>						
 <i>Signature</i>						
Dated: <b>June 30, 2006</b>						
<b>Thomas Spinelli</b> Registration No.: <b>39,533</b>						
<div style="border: 1px solid black; padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  <small>(Date)</small> </div>						
<div style="border: 1px solid black; padding: 5px;"> <i>Signature of Person Mailing Correspondence</i> </div>						
<div style="border: 1px solid black; padding: 5px;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>						
<small>CC:</small>						